2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2004 8:00 am Secretary of State

| DOCUMENT # S03694 1. Entity Name SOUTHERN GARDENS CITRUS HOLDING CORPORATION | | | | | | 04-22-2004 | i 90025 023 [:] | ***15 | 0.00 |
|---|---|----------------------------------|------------------------|--|--------------------------|-----------------------|--------------------------|------------|-------------|
| Principal Plac | e of Business | | | | | | | | |
| Principal Place of Business Mailing Address 111 PONCE DE LEON AVE. 111 PONCE DE LEON AV | | | WF | | | | | | • |
| CLEWISTON, FL 33440 CLEWISTON, FL 33440 | | | | | | | | | |
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| | | | | | | | | | |
| 2. Principal Place of Business 3. Mailing Address | | | | | | | | | |
| 2 | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 01062004 | Chg-P | CR2E034 (10 | 0/03) | |
| City & State | | City & State | | | 4. FEI Numbe | <u> </u> | | Apr | olied For |
| | | 3 | | | | | Applicable | | |
| Zip | Country | Zip | Country | | | | □ \$8.7 | 5 Addi | |
| | | | | | 5. Certificate | of Status Desired | Fee R | equired | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and | Address of New R | egistered Agent | | |
| | | N | Name STEVEN.B. GOLD | | | | | | |
| COFFMAN, STEPHEN V 111 PONCE DE LEON AVE. | | | s | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| CLEWISTON, FL 33440 | | | | 111 PONCE DE LEON AVENUE | | | | | |
| SEEMOTOR, LE SOTTO | | | | | | , | | | |
| | | | ď | City | | | | p Code | |
| | | | | CLEWISTON FL 33440 | | | | | |
| 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered, agent. | | | | | | | | | |
| | | | | | | | | | |
| SIGNATURE Men 2004 | | | | | | | | | |
| Signature Ayped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstanting) DATE | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11, | | ADDITIONS/ | CHANGES TO OFFI | CERS AND DIRE | CTORS | IN 11 |
| TITLE | s | Delete | TITLE | s | | | □ C | | Addition |
| NAME . | GEFEN, LISA J | | NAME | GOLE | , STEVEN | iВ. | | | |
| STREET ADDRESS | 111, 51152 22 5251111 | | STREET AC | DORESS 1111 | 111 PONCE DE LEON AVENUE | | | | |
| CITY+ST-ZIP | CLEWISTON, FL 33440 | | CITY-ST- | ZIP CLEW | ISTON, I | L 33440 | | | |
| TITLE | P | ☐ Delete | TITLE | P | | | □ c | hange | Addition |
| NAME | BUKER, ROBERT H., JR. | | NAME | | LE, RODI | | | | |
| STREET ADDRESS | , 3,132,32,223,17,7,21,132 | | | DDRESS 111 PONCE DE LEON AVENUE | | | | | |
| CITY-ST-ZIP | CLEWISTON, FL | | CITY-ST- | | ISTON, E | FL 33440 | | | |
| TITLE | V | ☑ Delete | TITLE NAME | T | | | □ c | nange | ✓ Addition |
| NAME STREET ADDRESS | WADE, JR M 1 111 PONCE DE LEON AVE | | STREET AC | DRESS RERN | IARD, GER | RARD A. | ATTITE . | | |
| CITY-ST-ZIP | CLEWISTON, FL | | CITY-ST- | | ISTON, E | E LEON AVE | NUE | | |
| TITLE | TAS | ✓ Oelete | TITLE | (0,0,0,0) | 1101011/ 1 | , 5 55410 | | hange | ☐ Addition |
| NAME | COFFMAN, STEPHEN V | LEI OCIGIO | NAME | | | | ٦٠ | | |
| STREET ADDRESS | 111 PONCE DE LEON AVE | * | STREET AC | ODRESS | | | | | j |
| CITY-ST-ZIP | CLEWISTON, FL | / | CITY-ST- | ZIP | | - | | | |
| TITLE | CAST | ☐ Delete | TITLE | | | - | c | hanga | ☐ Addition |
| NAME | WINE, ELLEN H | | NAME | | | | | | |
| STREET ADDRESS | 111 PONCE DE LEON AVE | | STREET AL | 1 | | | | | ĺ |
| CITY-ST-ZIP | CLEWISTON, FL | | CITY-ST- | ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | □ c | hange | Addition |
| NAME | | | NAME | 200500 | | | | | ŀ |
| STREET ADDRESS CITY-ST-ZIP | | | STREET AE | i | | | | | İ |
| 40 | | - this filing does not available | the evernet | tion stated in Sa | otico 110.07(2)(| i) Florida Statutes I | further costift, she | it the ici | formation |
| 12. 1 hereby of indicated | certify that the information supplied with on this report or supplemental report i | s true and accurate and that n | ny signature | shall have the | same legal effec | t as if made under o | path; that I am an | officer o | or director |
| 12.1 hereby certify that the information supplies with mind bloss hid quality for the exemination state of research in Section 13.00 (Sp.). Folial actions reaction that it is report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | | | |
| changes, or on an areas anert with an accuracy why an one empowers. | | | | | | | | | |